WASTEWATER EVALUATION DATA SHEET

System/Facility Name: Evaluation Date/Time:		System/Facility ID:					
			E	valuation Type:	□ Phone □	On Site	☐ E-mail
Lea	ad Evaluator (Team Le	ad) Name:		Affil	iation: TCE	EQ □ EPA	\square START
1.	Was a system POC a	vailable? Yes N	No POC Name:_		Cont	act #:	
2.	Characterize the exte	_	system/facility and Destroyed	d surrounding a	rea:		
3.	What is the electrical ☐ On Grid ☐ On Bypass Pumps	power status? ☐ On Generator	□ No Grid-No	Generator (offl	ine) □ Pa	rt Grid-Part (Generator
4.	Is wastewater treatme		lly operational? nknown				
5.	What is preventing th ☐ N/A ☐ The basins/other s ☐ The generator(s) o ☐ WWTP on Genera	☐ Disinfection tructures were damager bypass pump(s) is a	on/treatment issue ged not working or is	out of fuel			
6.	Current WWTP Oper		□ GPTD □	NOTD	□ NOTND	□ Site	□ Out
7.	Is the facility bypassi ☐ Yes	•	ction? (describe le nknown	ength and time in	n comments)		
8.	Is the collection syste ☐ Yes	em fully operational? No □ U					
9.	•	☐ Lift station	ns are damaged not working or is	out of fuel	be fully operati	onal	
10.	Current Collection Sy OKC DES			OCSSO 🗆	NOCNSSO	□ Site	□ Out
11.	Is/did the facility exp ☐ Yes		the collection sys	tem? (describe l	length and exter	it in comment	es)
12.	Is follow-up needed? ☐ No ☐ 1 Wee		□ > 2 Weeks				
13.	Estimated time frame	•	cility to "fully ope	erational" status Months	? □ Unknown		
14.	Current Overall Ope		□ РОр	□ NonOp	□ Site	□ Out	